



State of Connecticut
Department of Agriculture
Bureau of Regulation and Inspection
165 Capitol Avenue G8A
Hartford, CT 06106

Dairy Division (860) 713-2508 fax (860) 713-2515
Licensing (860) 713-2512 fax (860) 713-2585

Milk Dealer License Application

CT Lic. # _____

- ☐ NEW \$50.00 (All)
☐ RENEWAL \$50.00 (Dry Milk & Cheese Only)
☐ RENEWAL (See renewal card)
☐ LATE \$50.00 (renewal after June 30th)

TYPE OF BUSINESS

<input type="checkbox"/> Milk Dealer (processor)	<input type="checkbox"/> Yogurt Manufacturer	<input type="checkbox"/> Cheese Manufacturer	<input type="checkbox"/> Dry Milk Manufacturer	<input type="checkbox"/> Milk Sub-Dealer (distributor)
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I / we hereby apply for a license to operate as a Milk Dealer, Yogurt Manufacturer, Cheese Manufacturer, Dry Milk Manufacturer, Milk Sub-Dealer or Milk Producer/Dealer in the State of Connecticut in accordance with and subject to the provisions of Sections 22-229 and 22-230 of the Connecticut General Statutes. The license period is from July 1st to June 30th, inclusive. The licensee is required to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. Renewal fee due, as noted on the renewal application card, is based on information provided in the yearly milk utilization report as submitted. Check or money order payable to the "Commissioner of Agriculture" for the appropriate fee must accompany the application. **Milk Dealers and Yogurt Manufacturers** outside of Connecticut must have an acceptable sanitation and enforcement rating or an acceptable HACCP listing published in the IMS List Sanitation Compliance and Enforcement Ratings of Interstate Milk Shippers.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE JUNE 30TH TO AVOID A LATE PENALTY OF \$50.00. LICENSES ARE NOT TRANSFERABLE.


New and License Renewal Applications cannot be processed if: required payment is not submitted with the application or the application is incomplete. Incomplete applications and submitted payments will be returned for completion and resubmission.

PLEASE PRINT OR TYPE: <input type="checkbox"/> New business at this location	Federal Employer Identification Number	Social Security or Number	
Business Name:		Phone:	
Address:		Fax:	
City:	State:	Zip:	
Physical location of business if different from above:		Interstate Milk Shipper FIPS # (if Milk Dealer or Yogurt Manufacturer)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> L.L.C.
NAME OF LICENSEE (Name of Owner; Name of Partnership; Name of L.L.C. or Name of Corporation)			
LIST NAMES of PARTNERS, L.L.C. MEMBERS or CORPORATION OFFICERS.			
The undersigned applicant states that all of the information contained herein is true to the best of his/her knowledge and agrees that in the event a milk dealer license is granted, said applicant shall comply with all laws, orders, rulings, regulations and directive issued by the Commissioner of Agriculture.			
PRINT NAME OF APPLICANT		SIGNATURE OF APPLICANT	DATE
TITLE OF APPLICANT		TELEPHONE NUMBER	E-MAIL

AREA BELOW FOR OFFICE USE ONLY

Agency Approval _____ initials _____ date. Yearly Utilization Report Received : _____.

FEE AMOUNT RECEIVED	CHECK OR MONEY ORDER	DATE PROCESSED	TRANSMITTAL NUMBER	LICENSE EXPIRATION
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	State of Connecticut Department of Agriculture	CT License # _____
	Bureau of Regulation and Inspection 165 Capitol Avenue G8A Hartford, CT 06106 Dairy Division (860) 713-2508 fax (860) 713-2515 Licensing (860) 713-2512 fax (860) 713-2585	IMS FIPS # _____ (if applicable) Year: _____

Yearly Milk Utilization Report

April 1st through March 31st
 (Report all sales in Connecticut)

Note: Report is due by April 30th of each year. The reporting period is April 1st through March 31st, each year. Sales for the year, excluding reported sales to other dealers and sub-dealers, shall determine the license renewal fee in accordance with Connecticut General Statutes Sections 22-235a, 22-236. You may FAX (860) 713-2585 or mail your reports.

☐ **Milk Dealer (processor)**
 ☐ **Milk Sub-Dealer (distributor)**
 ☐ **Yogurt Manufacturer**

**Connecticut Sales of Milk(s), Flavored Milk(s),
 Egg Nog, Buttermilk and/or Yogurt(s):**

Quarts

(excluding sales to other Dealers and Sub-Dealers)

Connecticut Sales of Cream(s):

Quarts

(excluding sales to other Dealers and Sub-Dealers)

**REPORT ALL SALES TO OTHER DEALERS OR SUB-DEALERS WITH SALES IN
 CONNECTICUT ON PAGE 2.**

COMPANY NAME: _____

Mailing Address: _____

City, State, Zip _____

Telephone Number: _____ FAX Number: _____

E-mail _____

Contact Person: _____

The undersigned states that all of the information contained herein is true and accurate to the best of his/her knowledge.

Authorized Signature _____ Date: _____

Reproduce this form as necessary.

Sales of Fluid Milk(s), Flavored Milk(s), Egg Nog, Buttermilk and/or Yogurt(s):

Quarts

[illegible][illegible]**Dealer's Name**

Quarts

[illegible][illegible]